

KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Customer

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

Kindly Help to arrange Surveyor to Survey this vehicle thanks

QUOTATION

GST Reg No.: M200050223 Company Ref. No.: S60FC1380G

; AXA INSURANCE S'PORE PTE LTD	Document No.	: SQT18001965 Page	1
8 SHENTON WAY	Date	: 14. May 2018	
#27-01 AXA TOWER	Customer No.	: WZA006	
SINGAPORE 068811	Svc Advisor	: LIM CHOU SIONG	
: SLE6399S	Engine No	: L15B31190101	
: JHMGK5850HX200208	Date Time	: 14. May 2018 12:26:47 PM	
: JAZZ 1.5VTIR CVT 17YM	Surveyor Name	•	
: CHEAH PEI CHING	Survey Date	:	
#5	Authorisation Date	•	

12:26:47 F	PM
0% GST	Amount incld GST
Amount	IIIOIG GOT
39.75	607.65
1.73	26.40
0.28	4.25
36.93	564.48
0.81	12.36
0.33	5.05
0.17	2.57
19.09	291.79
0.63	9.63
0.54	8.19
43.03	657.73
143.29	<u>2,190.10</u>
40.00	100.00
	192.60
12.60	192.60
0°	39.75 1.73 0.28 36.93 0.81 0.33 0.17 19.09 0.63 0.54 43.03

72326-T5A-003	SEALFR.DOOR LOWER	1	5.30	25	3.97	0.28	4.25
67510-T5A-N10ZZ	PANEL COMPR.RR.DOOR	1	703.40	25	527.55	36.93	564.48
67825-T5A-003	TAPER.RR.DOOR SASH	1	15.40	25	11.55	0.81	12.36
72824-T5A-J01	SUB SEALR.RR.DOOR	1	6.30	25	4.72	0.33	5.05
72826-T5A-003	SEALRR.DOOR LOWER	1	3.20	25	2.40	0.17	2.57
71800-T5B-003ZF	GARNISH ASSYR.SIDE SILL	1	363.60	25	272.70	19.09	291.79
91505-TM8-003	CLIPBUMPER	6	2.00	25	9.00	0.63	9.63
91514-TF0-003	CLIPSIDE SILL GARNISH	2	5.10	25	7.65	0.54	8.19
42700-T5A-N91	DISKALUMINIUM WHEEL 16X6J	1	819.60	25	614.70	43.03	657.73
				Sum Item	2046.81	143.29	2,190.10
DO WHEEL ALICH VA	NAME OF ALLONDACTIVE						100.00
BO-WREEL ALIGN X	WHEEL ALIGNMENT X4	1	180.00		180.00	12.60	192.60
BO-WHEEL ALIGN X	WHEEL ALIGNMENT X4	1		Ext. Service	180.00 <u>180.00</u>	12.60 12.60	192.60 192.60
BO-WREEL ALIGN A	WHEEL ALIGNMENT X4	1		Ext. Service		12.60	192.60
BOSUN	SUNDRIES	1		Ext. Service			
		1	Sum I	Ext. Service	180.00	12.60	192.60
BOSUN	SUNDRIES	1	Sum I 30.00	Ext. Service	<u>180.00</u> 30.00	12.60 2.10	192.60 32.10
BOSUN BMI02D	SUNDRIES REMOVE & INSTALL REAR COMPARTMENT LINING: REMOVE & TRANSFER ITEMS TO NEW FR R DR.	1 S, RR1	Sum I 30.00 320.00	Ext. Service	30.00 320.00	2.10 22.40	32.10 342.40



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8 SHENTON WAY

#27-01 AXA TOWER

: AXA INSURANCE S'PORE PTE LTD

Customer No.

: 14. May 2018

: WZA006

SINGAPORE

Svc Advisor **Engine No**

Date

: LIM CHOU SIONG

Registration No Chassis No

: SLE6399S

Date | Time

: L15B31190101

Model

Customer

: JHMGK5850HX200208

: 14. May 2018 12:26:47 PM

Owner's Name

: JAZZ 1.5VTIR CVT 17YM : CHEAH PEI CHING

Surveyor Name

Ins Policy No. Date of Accident

Survey Date

Authorisation Date

: 13/5/2018

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
BKFE22K	REPLACE R SIDE STILL PANEL GARNISH, REPAIR R SIDE	1	1400.00		1400.00	98.00	1498.00
BP06R	SPRAY PAINTING ON R SIDE STILL PANEL GARNISH, R	1	2300.00		2300.00	161.00	2461.00
			Sı	um Labor	4750.00	332.50	5,082.50
Survey By	C S Lim						
Date & Time	C SLIM 81006303 U	W)	Tota	l Amount	6,976.81	488.39	7,465.20
Excess			Total (Inclusive	of GST)			7.465.20
Status							
Signature							

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

	ACCIDENT STATEMENT
Date Of Report	14/05/2018 12:26
Date Of Accident	13/05/2018 15:50
Exact Location Of Accident	ORCHARD ROAD (INFRONT OF MANDARIN GALLERY)
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE6399S
Insured/Policyholder	
Name Of Registered Owner	CHEAH PEI CHING
NRIC No	S8378793G
Email Address	CHEAH23QI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92970055
Alternative Phone No	OFFICE-92970055
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ-1.5 VTIR CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA238429

Cover Note Number

Driver

Name of Driver CHEAH PEI CHING

 NRIC No
 \$8378793G

 Date Of Birth
 27/01/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 28/10/2013

Driving Experience 4 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92970055

Fax Number

Contact Number OFFICE-92970055

EMail Address CHEAH23QI@YAHOO.COM

Address 475A UPPER SERANGOON CRESCENT #06-523

Postcode 531475

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

0 (5: 10)

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

NO

2

: LEK PUAY HEE

GENDER: MALE

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKE458G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver GOH YIK PANG

NRIC/Passport Number S8823386G Contact Number 82013404

Address BLK 21 BEDOK SOUTH ROAD #14-43

Postcode 460021

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

2

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Passenger 1

NAME: UNKNOWN

GENDER: FEMALE

Vehicle No SLE 63995.

SKETCH PLAN

Annex D

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If drive

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Chard galley.

SKE 4586

Please continue to Annex E

Sketch Plan Pg. 2

Vehicle No_SLE 63995.	Annex E
Describe Circumstances of the Accident	
Road just in front of Mandrain Galleng. Due to heavy truffer I was morning sawly suddle from my night side and the ran left front mit is	riving along orband
from my right side and the ran left front mit is	The my ar right side
7 and in can curren which i am not gove to to	# retries the versen
fortage new + If I have the nice of fatage (and provide.	- I would like to
	1
Declaration	
We declare the foregoing particulars are true in every respect.	
MZ 14(5/2018@11:15hrs	
olicyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel







